

Michigan Department Of Transportation EMPLOYMENT APPLICATION

Equal Opportunity Employer

WHERE TO FIND VACANCY INFORMATION:

- * On the internet: <http://www.mdot.state.mi.us/jobs>
- * MDOT JOBS Hotline: 1-877-790-MDOT (6383)
- * Lansing Area - 517-241-4035

To download a MDOT application go to www.mdot.state.mi.us/webforms. Key in the form number 999D and select "GO".

A MDOT application is required, resumes are encouraged but are not a substitute for the application.

If you have a disability, as defined by the Michigan Persons with Disabilities Civil Rights Act, and require assistance to complete this application, a reasonable accommodation may be provided.

Apply to: Michigan Department of Transportation, Office of Human Resources, P.O. Box 30050, Lansing, Michigan 48909

POSITION APPLYING FOR :

Bureau/Region/Office/Division: _____

Position: _____

Location: _____

Are you currently a State of Michigan employee? YES NO

If yes, current Civil Service classification: _____

Civil Service Rule 2-7 states: All persons offered employment in the classified services are required to submit to and pass a pre-employment drug test as a condition of employment.

HOW DO WE CONTACT YOU?

Name : _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Day Time Telephone Number: (_____) _____ Home Telephone Number: (_____) _____

EDUCATION

HIGH SCHOOL:

NAME/LOCATION OF SCHOOL:

DIPLOMA:

Yes No Other (Specify)

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY, TRADE SCHOOL OR SPECIAL TRAINING: (TRANSCRIPTS ARE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	DEGREE OR CERTIFICATE RECEIVED
		FROM	TO	QTR	SEM		
TRADE SCHOOL/SPECIAL TRAINING							
TRADE SCHOOL/SPECIAL TRAINING							

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Teacher Certification, CDL, PE, CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

CITIZENSHIP

Are you a U.S. Citizen?

YES

NO

Are you eligible to work in the U.S. without sponsorship?

YES

NO

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable, and indicate number of employees supervised. Use a separate block to describe each position. If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

1	Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____	
Your Job Title: _____ Supervisor's Name: _____	
FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)	
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT	
Duties and Responsibilities: _____	

Reason For Leaving: _____	

2	Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____	
Your Job Title: _____ Supervisor's Name: _____	
FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)	
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT	
Duties and Responsibilities: _____	

Reason For Leaving: _____	

3	Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____	
Your Job Title: _____ Supervisor's Name: _____	
FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)	
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT	
Duties and Responsibilities: _____	

Reason For Leaving: _____	

CERTIFICATION

I certify that all information contained in this application is true, complete, and made in good faith. I agree and understand any falsifications, omissions, misstatements, or misrepresentations above will result in my forfeiting any rights of consideration for employment with the Michigan Department of Transportation or, if hired, could lead to my dismissal. Under the Michigan Persons with Disabilities Civil Rights Act, a person with a disability may allege a violation of the Act regarding the failure to accommodate only if the person with a disability notifies the employer in writing of the need for accommodation within 182 days after the date the person with a disability knew or reasonably should have known an accommodation was needed.

SIGNATURE: _____ DATE: _____

EEO SURVEY

Although the following information is not mandatory, it is requested to comply with Federal Highway Administration (FHWA) requirements. This information is for statistical purposes only. It will in no way affect your employment status or opportunities, nor will it be used as part of the selection process (hiring managers will not receive this information).

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

LOCATION OF POSITION: _____

GENDER: MALE FEMALE

DISABLED: NO YES

If you answer "yes" your disabled status must be approved by the Michigan Department of Civil Service (for more information please call (517) 373-3030).

RACE/ETHNICITY (Please select all that apply to you):

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America).

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black (not of Hispanic origin): A person having origins in any of the black racial groups.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (not of Hispanic origin): A person having origins in any of the original peoples of Europe, North Africa, or Middle East.

Employer, remove this section prior to the selection process.

